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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 7255**  
Naoaki OGURE et al. : Docket No. 2001\_0686A  
Serial No. 09/866,843 : Group Art Unit 1763  
Filed May 30, 2001 : Examiner G.A. GOUDREAU

COATING, MODIFICATION AND ETCHING  
OF SUBSTRATE SURFACE WITH PARTICLE  
BEAM IRRADIATION OF THE SAME

**SUBMISSION OF REPLACEMENT FORMAL DRAWINGS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

Sir:

Twelve sheets of formal (A4 paper) drawings (Figs. 1, 12, 13, 14(a)-17(c), 19(a)-21(f), 24 and 27-28) are submitted herewith.

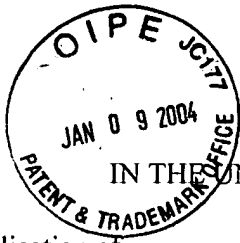
Respectfully submitted,

Naoaki OGURE et al.

By:

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Attorney for Applicants

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January 9, 2004



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**PATENT OFFICE FEE TRANSMITTAL FORM**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$344.00 to cover Patent Office fees relating to filing the following attached papers:

Petition for Extension of Time ..... \$110.00

Additional Claims Fee Transmittal Letter

Excess of Twenty ..... \$234.00

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

*The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.*

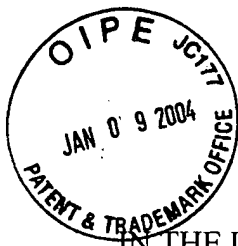
Respectfully submitted,

Naoaki OGURE et al.

By Joseph M. Gorski  
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[Check No. 59646]  
2001\_0686A



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**ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): 13 x	(\$ 9 = \$)	or	(\$18 = \$180)
Indep. Claims exceeding 3 (not already paid for): x	(\$43 = \$)	or	(\$86 = \$)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$145 = \$)	or	(\$290 = \$)
Total Additional Fee =	<u>\$</u>	or	<u>\$234.00</u>

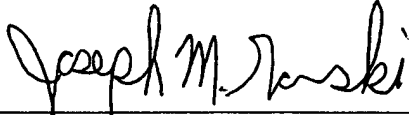
- ☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
- ☐ is enclosed or
- ☐ has been previously submitted.

[X] A check in the amount of \$234.00 is enclosed.

[] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Naoaki OGURE et al.

By   
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